DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: TIMBERLINE GROUP HOME (0010449)

Address: W164 N10502 TIMBERLINE RD, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 07/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

			Survey History
Survey ID: 0096514	End Date: 03/13/2006	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0094130	End Date: 01/18/2005	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093764	End Date: 12/09/2004	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093073	End Date: 08/04/2004	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0091683	End Date: 12/15/2003	Type: INITIAL	Purpose: SURVEY
Results: PROBATIONARY LICENSE ISSUED			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

STAFF ADEQUACY

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History Date Complaint Received: 12/16/2005 Date Investigation Completed: 03/13/2006 Subject Area(s) Result SOD# RESIDENT RIGHTS NOT SUBSTANTIATED **ADMINISTRATION** NOT SUBSTANTIATED Date Complaint Received: 12/20/2004 **Date Investigation Completed: 02/19/2005** Subject Area(s) Result SOD# **NUTRITION & FOOD SERVICES** NOT SUBSTANTIATED **ADMINISTRATION** NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 09/08/2004 Date Investigation Completed: 12/13/2004 Subject Area(s) Result SOD#

NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.